

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

10/584275  
10/584275

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		2						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9		2						59					
10		1						60					
11		1						61					
12								62					
13								63					
14		8						64					
15		8						65					
16	1							66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	2	1						TOTAL DEP.					
TOTAL CLAIMS	23							TOTAL CLAIMS					